

NORTH CAROLINA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

Adult Sub-Committee Meeting July 14, 2006 10am-12:00pm Summary of Meeting Notes

Present at the Adult Sub-Committee Meeting were: Jeff McLoud, Kaye Holder, Laura White, Tisha O'Neal Gamboa, Densie Lucas, Shealy Thompson (Team Leader of the Quality Management Team) and Lisa Jackson.

Lisa shared with those present today the draft of the North Carolina Community Mental Health Services Block Grant Plan for SFY 2006-06 and gathered their input; one comment was to focus on the passage of the new enhanced service definitions and what a milestone this has been in the transformation process. A correction was made that the new hospital in Butner will be expected to open in the fall of 2007 as opposed to the summer of 2007.

Shealy Thompson spoke with the Adult Sub-Committee about quality management in terms of monitoring service outcomes and other questions around indicators and objectives in the Adult section of the Block Grant Plan. The group discussed different venues of disseminating the Client Satisfaction Survey and suggestions were made about mailing it, or accessing it via a kiosk in the office where the service is provided, or through receiving a plastic card like a credit card and taking it to the local library and completing a survey on line or a combination of the above. The survey does not include people who are served at home. Some Council members suggested having clients interview clients, or having family members get the surveys and a different format may need to be used when surveying people in adult care homes. For people who can remain in services, their provider contacts can be tracked. However, we can't track those individuals who move to other states. Engaging clients in service is critical to transformation.

The number of people being served is increasing; is this a reflection of more people keeping appointments? There has been a 30% increase in the number of people being seen for the first time.

Shealy discussed "Quality Quick Facts" which is now appearing on the Division website: <http://www.dhhs.state.nc.us/mhddsas/>

In fact, this first quick fact highlights the increase in numbers of people served with mental illness between 1999-2005. There will be different "quick facts" presented each month.

NC TOPPS (Treatment Outcomes and Program Performance System) tracks numbers of appointments that clients have. The average length of time to administer or discuss NC TOPPS questions with a client is 7-15 minutes; as part of a conversation however, it could be longer. NC TOPPS is usually administered at the initial contact and then again in 3 months and periodically after that. There are approximately 10,000 clients already in the NC TOPPS system. NC TOPPS now includes all 3 disability populations. NC TOPPS is a means of monitoring outcomes and incident reporting. In tracking data about numbers of client arrests or nights spent in jail, NC TOPPS includes questions about nights that the client has been in

jail (per the conversation that the clinician is having with the client when the TOPPS assessment is being completed). This information is probably best gleaned on a local level as our system and that in the correctional system are not very compatible at this time.

Many clients are not able to keep their follow-up appointments. The time frame is critical between the initial contact and the follow-up time to see the doctor or get medications. Homelessness is another barrier to some clients being able to engage in services. Independent living is desired, but often times, credit histories present barriers when clients try to access housing; this seems to be a particular barrier in regard to HUD guidelines.

Crisis planning is an important part of Person-Centered Plans. Through Mobile Crisis Teams and their work with community hospitals, people could receive needed help before the situation reaches the point that commitment to a state psychiatric hospital is warranted. Local Management Entities are responsible for how quickly they see clients, whether on an emergent, urgent, or routine basis.

At the May meeting, there had been questions about the number of ACT Teams; Lisa provided an excerpt from the Community Intervention Services Log updated 7/12/06 regarding the number of enrolled ACTT providers and their corresponding Local Management Entity. A comment was made regarding this log indicating that there is also a Mental Health Association in Cumberland County which was not listed on the log.

Editorial Note from Lisa: After the Adult Sub-Committee meeting was over on July 14th, Lisa and Jeff were speaking with Shealy and she shared with them two questions that have been added to the Initial Interview Assessment in NC TOPPS for Clients with Mental Health and Substance Abuse diagnoses; these questions reflect access and satisfaction with services. The questions are as follows:

(question #58) Did you receive a list or options, verbal or written, of places to receive services?

- ☐ Yes, I received a list or options
- ☐ No, I came here on my own
- ☐ No, nobody gave me a list or options

(question #59) Was your first service in a time frame that met your needs?

- ☐ Y ☐ N

Council members present today were asked to think about future agenda items and email any ideas to Lisa. Lisa also asked for any feedback of the Block Grant to be emailed to her within the next week so that she could include it in the draft for the Child Sub-Committee, which was meeting on July 21st.

Jeff thanked everyone for coming and travel forms were completed; the meeting was adjourned.

The next full Council meeting will be on Friday, August 4, 2006 in the Royster Building on the Dix Campus from 10:00 am to 3:00 pm.

Handouts

- 1) *Draft of the North Carolina Community Mental Health Services Block Grant Plan for SFY 2006-07*
- 2) *National Outcome Measures Table*
- 3) *Enrolled ACTT Providers Handout*